

### Department of **Environmental Protection**

Lawton Chiles Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Virginia B. Wetherell Secretary

May 9, 1997

Mr. Eustace Kerrult Arome' Cleaner 2569 Countryside Boulevard #4 Clearwater, Florida 34621

Re: Facility No. 1030374

Dear Mr. Kerrult:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 17, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title  $\mbox{\it V}$ general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Arome' Cleaners.

2569 countrys: de Blod 49

Clearwalter F138761

AIRSID # 1030374

We don't have dry chang machine any more.

Dycleainz machine has been noue from above location on 8/10/01

Thank You

#### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

#### Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Arome' Drycleaner
2. Site Name (For example, plant name or number):
Arome! Drydeaner.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 8 2569 country side Blud by
4. Facility Location: 8 2569 Country side Blud 49 Street Address: City: Cleanwalt County: Finellas Zip Code: 33761
5. Facility Identification Number (DEP Use ONLY - do not fill in):  1030374-001
Responsible Official
6. Name and Title of Responsible Official:
Name: Maung Tind Title: OWNER,
7. Responsible Official Mailing Address: Organization/Firm: 2569 county side Blud #9 Street Address: City: Clearwaler County: Pinellan Zip Code: F133761
Street Address:
City: Cleansaler County: Pinellan Zip Code: P133/81
8. Responsible Official Telephone Number:
Telephone: (727) 797 8075 Fax: (727) 797- 8075
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: Zin Code:
\$80.000
11. Facility Contact Telephone Number:
3007 t 1 az .
DEP Form No. 62-213.900(2)  Effective: 2/24/99
DEP Form No. 62-213.900(2) 14
Effective: 2/24/99

Effective: 2/24/99

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Facility Information			
1.(a) DRY-TO-DRY MA	ACHINES ONLY	?	. I Ma
How many dry-to-dry ma	chines do you have	e on-site?	No Drycleaning
For each dry-to-dry mach	ine on-site, please	provide the following information	No Drycleaning Me n: Anymore Re
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	
*CONTROL DEVICE KI	EY: RC = re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?		
How many dryers/reclaim	ners do you have o	n-site?	•
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (n	ne was purchased to units purchased	from the manufacturer between l	December 9, 1991, it is an <b>EXISTING</b> December 9, 1991 and September 22, owed to operate under this general formation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE KI	EY: RC = re	frigerated condenser CA =	carbon adsorber
2.(a) How much perchlor	roethylene (perc) h	nave you used within the last 12 n	nonths?
[] gallor	ns (You must fill	this in)	•
(b) If less than 12 mor	iths, how many? [	] months	
Check why it is les	ss than 12 months:	New owner: Did not kee	p records: []
		New store: New machin	e []

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Unopened store [\_\_\_\_] (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  Indicate with an "X". Select one classification only.)
Small Area Source []
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source []
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  Transfer only on-site (used 200 - 1,800 gallons of perc per year)  Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED)  []  New machines at small area source Refrigerated condenser  []
Existing machines at large area source Carbon adsorber Refrigerated condenser  [ ] Refrigerated condenser [ ] Refrigerated condenser [ ]
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).
All steam and hot water generating units exempt OR  No such units on-site
How many boilers do you have on-site? [/]
For each boiler, indicate its horsepower (HP) rating: [15] []
What type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 6 fuel oil  [] Other (please list)
6. Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

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7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
	maung Tint
Print nam	ne of responsible official
	2.10.02
Signature	Date

DEP Form No. 62-213.900(2)

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#### **Instructions for Completing Part III of Notification Form**

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

#### Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

#### Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

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#### **Facility Contact**

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

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		Arome Cleaner RECEIVED	MAR 1 7 1997
1.	Fa	P.15 4 mark out "X" and chiationality 5 (b) required AIR COULTY	Bureau of Air Monitoring & Mobile Sources
2.	Si	5.(c) not required, mark out	
3.	H	p.16-add permit#	·
4.	Fa Si Ci	-need original signature and for form	7621
5.	Fa	RECEIVED	74
		MAY 0 2 1997	
6.	Ne	AIR QUALITY	(owner)
7.	Re - Or Str Ci	•	. 246 21
8.	Re		-: 346ə7 -
9.	Nam	ne and Title of Facility Contact (For example, plant manager):	
10.	Faci	lity Contact Address:	
10.		et Address:	

### RECEIVED RECEIVED

## Perchloroethylene Dry Cleaning Facility AN of incation

130 1 / 1757
Facility Name and Location AIR QUALITY  Bureau of Air Monito
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Eustace Kerrull Maung Tint.
2. Site Name (For example, plant name or number):
Arome Cleaner.
3. Hazardous Waste Generator Identification Number:
Fl 00 00 g 65 061
4. Facility Location: 2569 country 3 de Blud#4 Street Address: City: Clearwaler County: FL Zip Code: 34621
Yours as Elc
5. Facility Identification Number (DEP Use): 1030374
Responsible Official
6. Name and Title of Responsible Official:
Manny Tind & Enviace legroute (owner)
7. Responsible Official Mailing Address:
Organization/Firm: Street Address:  Organization/Firm:  Organizati
City: Cle cruzelle County: FL Zip Code: 34621
8. Responsible Official Telephone Number:
Telephone: (813) 797- 8075 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address: City: County: Zip Code:
31. Facility Course Talanham Number
11. Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -

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#### Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-M.4R-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	- 1990							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit				-		<u> </u>			
(4) w/ ref. condenser	_								
(5) w/ carbon adsorber					-				
(6) w/ no controls									
Dryer Unit					L =				
(7) w/ ref. condenser					1				1
(8) w/ carbon adsorber									<u> </u>
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser		1							
(11) w/carbon adsorber									
(12) w/ no controls		<del>                                     </del>							
(b) Control devices are  (c) No control devices  2.(a) What was the total c  [	are re luant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	X perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	cation only.)	)	nitions found		3) of	Part II?	
Existing large are	ea sou	urce []	Ne	ew la	rge area sour	ce [	}		

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(Indicate with an "X".)	pursuant to section (5) of I	Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser	
New small area source Refrigerated condenser	; :	
New large area source Refrigerated condenser  []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	id hot water generating unit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by r during which propane or fuel oil containing no mor	natural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u>\( \) \</u>	
Equipment Monitoring	and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site	in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchases		$[\mathcal{X}]$
(b) Leak detection inspection and repair		X EK
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mo	nitoring	
(e) Instrument calibration		[X]
(f) Start-up, shutdown, malfunction plan		[ X ]

DEP Form No. 62-213.900(2)

#### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
ak ak	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mpily notify the Department of any changes to the information contained in this notification.  Eusau Karutt 12/10/97  10/97
Signature	Date 2 + 3 20/9

RECEIVED

#### Perchloroethylene Dry Cleaning Facility Notification

MAR 1 7 1997

#### **Facility Name and Location**

	Bureau of Air Monit
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Eustace kerrult / Maung Tint.
2.	Site Name (For example, plant name or number):
	Arome Cleaner
3.	Hazardous Waste Generator Identification Number:
	Fl 00 00 q 65 061
4.	Facility Location: 2569 country side Blud"4
	City: Clearwater (County) FL Zip Code: 34621
5.	Facility Identification Number (DEP Use): 1030374
	Responsible Official
6.	Name and Title of Responsible Official:
	Maung Tind & Envice legrouth (owner)
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: Clearwale Gounty FL Zip Code: 34621
8.	Responsible Official Telephone Number: Telephone: (813) 797-8075 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address: City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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# #1030374

	Arome' Cleaner
p.15	4 mark out "X" and initial 5.(b) required
	5.(c) not required, mark out
p.16-	add permit #
	need original signature and for form

#### **Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	$\Box T$	- 1990							
(2) w/ carbon adsorber		•							
(3) w/ no controls						]			
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•			_			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser					_				
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total q  [	are r juant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (	X (perc)	purchased in				
3. What is the facility's so (Indicate with an "X".	Selec	t one classifi	cation only.)	)			3) of	Part II?	
Existing small ar	ea so	urce X	N	ew sn	nall area sour	rce [	]		
Existing large are	ea so	urce []	N	ew la	ge area sour	ce [	]		

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What control technology is required on machines pursuant to section (5) (Indicate with an "X".)	of Part II of this notification form?
Existing large area source  Carbon adsorber  []  Refrigerated condense	er []
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating a exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input boiler HP or less), and (2) are fired exclusively by natural gas except for peduring which propane or fuel oil containing no more than one percent sulful.	eriods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
	•
Equipment Monitoring and Recordkeeping In	formation
Check all logs which are required to be kept on-site in accordance with the	
	[X]
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
© Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	<u></u> ]
(e) Instrument calibration	[X]
(f) Start-up, shutdown, malfunction plan	[ X ]

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#### Surrender of Existing Air Permit(s)

Please indicat	lease indicate with an "X" the appropriate selection:  [X]  I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)			
<u></u>	No air permits currently exist for the oper this notification form.	ration of the facility indicated in		
	Responsible Offici	al Certification		
this notifi statemen maintain	ication. I hereby certify, based on informati ts made in this notification are true, accurat the air pollutant emissions units and air pol	fined in Part II of this form, of the facility addressed in on and belief formed after reasonable inquiry, that the e and complete. Further, I agree to operate and llution control equipment described above so as to permit as set forth in Part II of this notification form.		
I will pro	mptly notify the Department of any changes	to the information contained in this notification.		
		03/14/97		
Signature		Date		

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### TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

A

ANNUAL E TYPE OF INSPECTION: COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: 10:05a.m. TIME OUT: 11:23a.m. 1030374 001 AIRS ID# TYPE OF FACILITY: Perchloroethylene Dry Cleaner **FACILITY NAME: Arome Dry Cleaners** DATE: May 20, 1997 2569 Countryside Blvd, BLDG 4, Clearwater, FL 34621 **FACILITY LOCATION:** Mr. Eustace Kerrult 813-797-8075 RESPONSIBLE OFFICIAL: PHONE NUMBER: П Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following

#### COMPLIANCE REQUIREMENT/PROBLEM

compliance discrepancies were noted:

#### FOLLOW-UP ACTION REQUIRED

Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.		
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.		
Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).		
Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.		
Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.		

The Annual Compliance Certification form has been properly	certified and submitted to the inspector. Yes 🗹 No 🗆
DATE OF NEXT INSPECTION:	June 12, 1997
	(Approximate)
INSPECTION CONDUCTED BY:	Jeffrey Morris
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 464-4422
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Revised 10/96

Revised 10/10/9

#### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Aromé Cleaners DATE: 5/20/9)
FACILITY LOCATION: 2569 Countryside Blvd Suite#4
Clearwater, FL 34621
Annual Reporting Period: May 20, 1996 TO May 20, 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. TYES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Evaporator for separator wastewater does not incorporate a pre-filtration system  Exact period of non-compliance: from May 20, 1996 to May 20, 1997
Action(s) taken to achieve compliance: Facility may choose to either dispose of perc-containing separator water as hazardo Method used to demonstrate compliance: Woste or incorporate a carbon filtration system with the evaporator per State guidelines). #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Purchase receipts were not maintained properly.
Exact period of non-compliance: from May 20, 1996 to May 20, 1997
Action(s) taken to achieve compliance: Mointain all purchase receipts in a log On-site for determination of perchloration and Solvent consumption.
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Name (Please Print)

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to make the first terms of the responsible official to make the first terms of the responsible discretion of the responsible official to use this form. JUN 1 9 1997

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A come Cleaners DATE: 5/20/97
FACILITY LOCATION: 2569 Country side Blud Suite#4
Clearwater, FL 34621
Annual Reporting Period: May 20, 1996 TO May 20, 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES  YOU
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Monthly purchase records were not maintained as a twelve month rolling average.  Exact period of non-compliance: from May 20, 1996 to May 20, 1997
Action(s) taken to achieve compliance:  Develop and implement a record keepin procedure that maintains monthly  Method used to demonstrate compliance:  Develop and implement a record keepin procedure that maintains monthly purchases (perc) as a 12 mo. rolling ava
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not maintain a log of leak oletection inspect and repair inspection.  Exact period of non-compliance: from May 20, 1996 to May 20, 1997
Action(s) taken to achieve compliance:  Develop and implement a leak detection in spection and repair program.  Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date

RECEIVED

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

JUN 1 9 1997

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Bureau of Air Monitoring & Mobile Sources

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

·			·
FACILITY NAME: A COM	re' Clean	ers	DATE: 5/20/97
FACILITY LOCATION: 250	09 Counte	yside Blu	d Bldg Suite #4
	earwater,		<u> </u>
Annual Reporting Period: Ma	y 20, 19	96 to M	ay 20, 19.97
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (			
If NO, complete the following:			
#1. Term or condition of the general permi	it that has not been in conti	nuous compliance during	the reporting period stated above:
Did not Store of Waste in tightly Exact period of non-compliance from	sealed con	itainets	- containing May 20, 1997
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:	Store all rewaste in the which are unreactive	ightly seal	perc-containing ed containers and chemically luent
#2. Term or condition of the general permi	t that has not been in conti	nuous compliance during	the reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, my	annual consumption of	perchloroethylene solvent, based
	me (Please Prim)	Signat	ure Date
			·

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is the discretion of the responsible official to use this form.

Page 3 of 3.

JUN 1 9 1997

### TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

	mor zeri	OI O DOI MINIMA	TEX OXII	
TYPE OF INSPECTION:	ANNUAL 🗆	COMPLAINT/E	DISCOVERY 🗆	RE-INSPECTION ☑
TIME IN: 1:15 p.m.	TIME	OUT: 3:05 p.m.	AIRS ID#	1030374 001
TYPE OF FACILITY:	Perchloroethy	lene Dry Clean	er	
FACILITY NAME:	Arome Dry C	Cleaners	DATE: Octobe	er 17, 1997
FACILITY LOCATION:	2569 Country	yside Blvd, BLD	G 4, Clearwater,	FL 34621
RESPONSIBLE OFFICIAL	: Eustace Ker	rult	PHONE NUMBI	ER:(813) 797-8075
Based of the results of to be in compliance w  Based on the results of compliance discrepance	ith DEP Rule 62-2 f the compliance re	213.300, Florida A	dministrative Code (	
	·			•
•	٠			
The Annual Compliance Certificati DATE OF NEXT INSPECTION	= =	perly certified and sub	11 4, 1998	Yes ☑ No □
INSPECTION CONDUCTED E	BY:	<b>\</b>	(Approximate)  Pett M6  (Please Print)	15
INSPECTOR'S SIGNATURE:_		Namo PI	HONE NUMBER:	464-4422

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	ы ф	COMPLAINT/DISC	OVERY	
airs id#: 1030374 da facility name:	ATE: 10/17/9	77 TIME	IN: 1: 15 p.m. TIM	IE OUT: _ 3	3:05p.or
FACILITY NAME:	Arone	Clear	vecs.		
FACILITY LOCATION:	2569		tryside Bl	vd Bld	94
RESPONSIBLE OFFICIAL : _	Eustace	Kerryt	PHONE: 79	75-80	—— 75
CONTACT NAME:	Maung	Tint	PHONE: 79	75-80	75
PART I: NOTIFICATION					
(check appropriate box)	NA				
New facility notified DARM 30	•	-			
2. Facility failed to notify DARM	to use general per	mit			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)  A.	form that it is:		☐ No notification for ☐ Drop store/out of t		oleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	र्छ	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/уг < 200 gal/уг		i i i
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$ )	) gal/yr ;al/yr	transfer only, 20 both types, 140	rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)		
5. This is a correct facility class	ification	OY ON	□Can not determine		
	jualified for a gen	eral permit as nu	umber above gible for a general perm		
B. The total quantity of perchloroe facility was 90 gallons.	thylene (perc) pu	rchased within th	ne preceding 12 months	by this dry o	cleaning

PART III: GENERAL CONTROL REQUIREMENTS		
Is the responsible official of the dry cleaning facility: (check appropriate boxes)		
1. Storing perchloroethylene in tightly sealed and impervious containers?	MY ON ON/A	
2. Examining the containers for leakage?	DY ON ON/A	
3. Closing and securing machine doors except during loading/unloading?	DY ON	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according 46 the manufacturer's specifications?	DY ON MN/A	
PART IV: PROCESS VENT CONTROLS		
In Part II-A:		
If classification 1 has been checked, no controls are required. Proceed to Part	v.	
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).		
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993		
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser	
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)		
1. Equipped all machines with the appropriate vent controls?	OY ON	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם עם	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A	
6. Conducted all temperature monitoring after an appropriate cooldown period and after	חע הא	

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber	$\Box Y$	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers), with individual condenser coils?	ΩY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			
H.	as the responsible official.			

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
Maintained receipts for perc purchased?	DY DN		
2. Maintained rolling monthly averages of perc consumption?	MY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	Y ON ON/A		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Y ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MYA		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A		
6. Maintained startup/shutdown/malfunction plan?	MA ON		
7. Maintained deviation reports?	ENY ON ON/A		
Problem corrected?	מאַ מא מאַיא		
8. Maintained compliance plan, if applicable?	DY ON CONIA		

PA	PART VI: LEAK DETECTION AND REPAIRS							
l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	ey on						
2.	. Has the facility maintained a leak log?	Y ON						
3.	Does the responsible official check the following areas for lea	aks?						
	Hose connections, fittings, couplings, and valves	Muck cookers						
	Door gaskets and seating	Stills DY ON ON/A						
	Filter gaskets and seating	Exhaust dampers						
	Pumps ØY ON ON/A	Divorter valves DY ON ON/A						
	Solvent tanks and containers	Cartridge filter housings ☐Y ☐N ☐N/A						
	Water separators							
4.	. Which method of detection is used by the responsible official	?						
	Visual examination (condensed solvent on exterior surfa-	aces)						
	Physical detection (airflow felt through gaskets)	<b>.</b> □ □ ✓						
	Odor (noticeable perc odor)	<b>a</b>						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector							
	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
	b. Calibrated against a standard gas prior to and after each-use  (PID/FID only)?							
	c. Inspected for leaks and obvious signs of wear on a weekly basis?							
	d. Kept in a clean and secure area when not in use?							
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?							

Inspector's Name (Please Print)

Date of Inspection

Approximate Pate of Next Inspection

#### ADDITIONAL SITE INFORMATION:

American Suprema 850 H.P.



### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE	NSPECTION C	HECKLIST		
TYPE OF INSPECTION:	ANNUAL	<b>S</b>	COMPLAINT/DISC	OVERY	
	RE-INSPECTIO	и п			
		·· –			
10202	211	10:00		11:	22
AIRS ID#: 0303				11;	<u>23a.m</u>
FACILITY NAME:	Arome	Clea	ners		
FACILITY LOCATION:	2569	(0110	tous do F	SUA	Siitotu
racibili bocarion.					Odlac" 4
	Clea	rwater	, FL 346	21	
PART I: NOTIFICATION					
(check appropriate box)					
Existing facility notified DAR	M by 9/1/96 °				
2. New facility notified DARM 3	0 days prior to star	tup		•	a
3. Facility failed to notify DARM		-			
	to ago gonorar per				
PART II: CLASSIFICATION					
			<u> </u>		
Facility indicated on notification (check appropriate box)	n form that it is:				
Α.					,
1. Existing small area source	c <b>v</b>	2. New small a	irea source	ο .	·
dry-to-dry only, x<140 gal/yr		dry-to-dry only,			
transfer only, x<200 gal/yr both types, x<140 gal/yr		transfer only, x both types, x<1			
(constructed before 12/9/91)			or after 12/9/91)		
	•	•	•	_	
3. Existing large area source dry-to-dry only, 140 <x<2, 100<="" td=""><td></td><td>4. New large a</td><td></td><td></td><td></td></x<2,>		4. New large a			
transfer only, 200 <x<1,800 ga<="" td=""><td></td><td></td><td>140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,></td></x<1,800>			140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,>		
both types, 140 <x<1,800 gal="" td="" y<=""><td></td><td></td><td><x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,800>			<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
(constructed before 12/9/91)		• •	or after 12/9/91)		
This is a correct facility classification	ation	MY ON			
If no, please check the appropriate classification:					
facility qualified for a general permit as number above					
facility exceeds above limits and is not eligible for a general permit					
II		-			
B. The total quantity of perchlore		rchased within th	ne preceding 12 months	e hy thic do	v cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON MINA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with exther a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources; and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent DY DN ontrols? Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN B. Has the responsible official of an existing large or new large area source also: 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located

DY DN

on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

	·
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם עם
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the sarbon adsorber exhaust for measuring perc concentrations is at least 8 duc) diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser corts?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY BYN
2. Maintained rolling monthly averages of perc consumption?	□Y CMN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	□Y <b>Ø</b> Ø
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN
4. Maintained calibration data? (for direct reading instruments only)	OY ON MAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON N/A
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	□Y <b>©</b> N
· Problem corrected? (No deviation report)	ם אם אם
8. Maintained compliance plan, if applicable?	DY ON WON/A
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	<b>⊠</b> X □N
2. Which method of detection is used by the responsible official?	,
Visual examination (condensed solvent on exterior surfaces)	<b>M</b> /
Physical detection (airflow felt through gaskets)	
Odor (noticeable perc odor)	<b></b>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

If using direct-reading instrumentation, is the equipment:							
a. Capable of detecting	ΩY	ПN					
b. Calibrated against a s (PID/FID only)? c. Inspected for leaks ap	OY OY						
d. Kept in a clean and so				QY	□и		
e. Verified for accuracy	by use o	f duplicate s	amples (calorimetric only)?	ΠY	ПN		
3. Has the facility maintained a leak log?				ΠY	<b>W</b> N		
4. The following areas should be checked	for leak	s by the insp	ector:				
	Leak I	Detected?	,	Leak Detected?			
Hose connections, fittings, couplings, and valves	ΟY	<b>d</b> n	Muck cookers	ΩY	DAN		
Door gaskets and seating	ΩY	<b>D</b> N	Stills	ΩY	MN		
Filter gaskets and scating	ΠY	ΣΝ	Exhaust dampers	ΩY	ŒΝ		
Pumps	О¸Y	ΩN/	Diverter valves	ΠY	<b>⊡</b> π		
Solvent tanks and containers	ΟY	DN/	Cartridge filter housings	ΠY	ΩN		
Water separators	ΠY	, C <b>3</b> ∕N					
Marong Tint  Fustace Kerrult  Nafut of Responsible Official  Jeffrey Morris  Inspector's Name (Frease Print)  Inspector's Signature  Approximate Date of Next Inspection							

#### ADDITIONAL SITE INFORMATION:

American 850 HP Suprema 351b capacity

- Evaporates wastewater. Will install carbon filtration unit.
- No maintenance of perc receipts
- No rolling monthly average for perc. consumption
- No Weekly leak 109.
- Did not store perc in tightly sealed containers.

- No Secondary containment for perc waste. I Hurst Notural Gas fired boiler

#### **BEST AVAILABLE COPY**

### RECEIVED RECEIVED

### Perchloroethylene Dry Cleaning Facility A of incation

HAR 17 1997

### Facility Name and Location AIR QUALITY

Bureau of Air Monitoring & Mobile Sources

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Eustace Ferrut / Maung Tint.  Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Aromet Cleaner.
3.	Hazardous Waste Generator Identification Number:
	FL 00 00 q 65 061
4.	Street Address: 2569 country 3 de Blud"4
	Street Address: City: Clearwaler County: FL Zip Code: 34621
	ony. Gent work to any.
5.	Facility Identification Number (DEP Use):
	1030374
	Responsible Official
6.	Name and Title of Responsible Official:
	Manny Tind & Envice Gernatt (owner)
7.	Responsible Official Mailing Address:  Organization/Firm: Street Address:  City: Cle Cruala County: FL Zip Code: 3462/
	Responsible Official Telephone Number: Telephone: (813) 797-8075, Fax: ( ) -
•	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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Effective: 6-25-96

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#### Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date	_	Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit				•	<u> </u>				
(1) w/ ref. condenser	1	- 1990							
(2) w/ carbon adsorber		· · · · · · · · · · · · · · · · · · ·							
(3) w/ no controls			,						
Washer Unit		<b>L_</b>						-	
(4) w/ ref. condenser									
(5) w/ carbon adsorber		-							
(6) w/ no controls				_	1				
Dryer Unit		<del></del>	!			\ <u></u>			J
(7) w/ ref. condenser									
(8) w/ carbon adsorber						1			
(9) w/ no controls					1				
Reclaimer Unit						<u> </u>			
(10) w/ ref. condenser		1							
(11) w/carbon adsorber									
(12) w/ no controls				-					
<ul> <li>(b) Control devices are required, but not yet installed</li></ul>									
3. What is the facility's so (Indicate with an "X".	Selec ea so	t one classifi	cation only.)	ew sn	nall area sour	rce []	3) of	Part II?	
Existing large are	ea sou	urce []	Ne	w la	rge area sour	ce [	]		

DEP Form No. 62-213.900(2)

4. What control technology is required on machines pur (Indicate with an "X".)	suant to section (5) of Part II of this notification form?					
Existing large area source  Carbon adsorber Re	efrigerated condenser []					
New small area source Refrigerated condenser	:					
New large area source Refrigerated condenser						
5. A facility which contains non-exempt emissions unit to Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site:						
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more that	ral gas except for periods of natural gas curtailment					
All steam and hot water generating units exempt No such units on-site	<u>×                                    </u>					
Equipment Monitoring and	Recordkeeping Information					
Check all logs which are required to be kept on-site in a	ccordance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchases	(x)					
(b) Leak detection inspection and repair						
(c) Refrigerated condenser temperature monitoring	The state of the s					
(d) Carbon adsorber exhaust perc concentration monitor	ring					
(e) Instrument calibration	[X]					
(f) Start-up, shutdown, malfunction plan	_X_					

DEP Form No. 62-213.900(2) Effective: 6-25-96

#### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No air permits currently exist for the operation of the facility indicated in this notification form.

#### Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Signature

Z, 333 613 251

# US Postal Service Receipt for Certified Mail

AIRS ID 1030374

EUSTACE KERRULT EUSTACE KERRULT 2569 COUNTRYSIDE BLVD #4 CLEARWATER FL 34621

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
_	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
gUU,	TOTAL Postage & Fees	\$
S Form <b>3800</b>	Postmark or Date	

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	can return this extended a does not 1 countries. 2	so wish to receive the owing services (for an tra fee):  .
3. Article Addressed to:  AIRS ID 1030374  EUSTACE KERRULT EUSTACE KERRULT 2569 COUNTRYSIDE BLVD #4 CLEARWATER FL 34621  5. Received By: (Pript Name)  6. Signature: (Addressee or Agent)	4b. Service Type ☐ Registered ☐ Express Mail	Certified Insured for Merchandise COD
F. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee's A and fee is paid	ddress (Only if requested



30/895

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#1030374

EUSTACE KERRULT EUSTACE KERRULT 2569 COUNTRYSIDE BLVD #4 CLEARWATER FL 34621 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1030374 EUSTACE KERRULT **EUSTACE KERRULT** 2569 COUNTRYSIDE BLVD #4 **CLEARWATER FL 34621** Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. \(\sqrt{YES}\) **∟**NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

Wood

Wood Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

## TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF IN	SPECTION:	ANNUAL	COMPLAIN	T/DISCOVERY	RE-1	NSPECTION	
AIRS ID#:	1030374 001	DAT	E: 10/15/48	TIME IN:	2/15 TIM	ИЕ <b>О</b> ИТ: 🔑	50
FACILITY	NAME:	Aron	ne Dry Cleaners	· .			
FACILITY	LOCATION:	2569	Countryside Blvd,	BLDG 4			^
		Cleary	water, FL, 34621			Q No	
RESPONSI	BLE OFFICIA	AL: Eusta	ce Kerrult Maur	ng Tink Pl	none: 81	3-799-8075 -2	
Perm	it No. 103037	8-001-AG	Exp. Date:	<i></i>		Oile Source	
			compliance require with DEP Rule 62-		_	4	•
			compliance require were noted (only it		•	inspection, the fo	ollowing

### **Inspection Summary Report Guidance**

-	Compliance Requirement/Problem	Follow-up Action Required
	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

 · · · · · · · · · · · · · · · · · · ·							
Compliance Requirement/Problem	Follow-up Action Required						
Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.						
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions						
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.						
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.						
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.						
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.						
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.						
Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.						
Comments:	· · · · · · · · · · · · · · · · · · ·						
If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.							
Inspection Conducted by: Margaret Henni	is						
Inspector's Signature: Wagnel U.S	Henries						
Phone Number: 464-4422							

#### PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION		COMPLAINT/I	DISCOVERY 🗖	
AIRS ID#: 1030374 001	DATE: /0//	/		TIME OUT: 4	
FACILITY NAME:	Arome Dry		_		
FACILITY LOCATION:	2569 Countrys	ide Blvd, E	BLDG 4		·
	Clearwater, FL	, 34621			
RESPONSIBLE OFFICIAL:	_ Eustace Kerruli	<u>t</u>		PHONE: _813-797-8	3075
CONTACT: Mannag	Tint			PHONE:	
PART I: NOTIFICATION					
(Check appropriate box)					
1. Existing facility notified DA	RM By 9/1/96			·	
2. New facility notified DARM	1 30 days prior to s	tartup			
3. Facility failed to notify DAI	RM to use general p	permit			
PART II: CLASSIFICATION	1				
Facility indicated on notification (Check appropriate box)	n form that it is:	Ţ	No notification Drop store / or	n form nt of business / petroleum	
A.  1. Existing small area soudry-to-dry only, x<140 general transfer only, x<200 gall both types, x<140 gallyr (Constructed before 12/2)	rce 🖭	. 2	. New small ar dry-to-dry onl transfer only, both types, x < (Constructed of	ea source y, x<140 gal/yr x<200 gal/yr 140 gal/yr on or after 12/9/91)	
3. Existing large area sou dry-to-dry only, 140 <x< transfer only, 200<x<1, both types, 140<x<1,80 (Constructed before 12/2)</x<1,80 </x<1, </x< 	2,100 gal/yr 300 gal/yr 3 gal/yr	4	. New large are dry-to-dry onl transfer only, both types, 14 (Constructed of	ea source y, 140 <x<2,100 gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,100>	
This is a correct facility classif	ication: 🍱 🌣		Can not determin	e	
If no, please check the app  facility qualified for  facility exceeds above	a general permit as	s number _			
B. The total quantity of perchifacility was ga	• •	purchased	within the prece	ding 12 months by this di	ry cleaning

PART III: GENERAL CONTROL REQUIREMENTS							
Is the responsible official of the dry cleaning facility: (check appropriate boxes)							
1. Storing perchloroethylene in tightly sealed and impervious containers?	<b>Y</b> Y	□N	□NA				
2. Examining the containers for leakage?	☑ <b>′</b> Y	□N	□NA				
3. Closing and securing machine doors except during loading/unloading?	¥Υ	□N					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	<b>⊡</b> ′Y	ΠN	□NA				
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐ Y	□N	<b>□</b> MA				
PART IV: PROCESS VENT CONTROLS							
In Part II-A:							
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt V.						
If classification (2) has been checked, the machine should be equipped with a (complete A below)	If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below)						
If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a i must ha	efrigerated ave been					
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated conde	enser				
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:						
1. Equipped all machines with the appropriate vent controls?	☐ Y	ΠN					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☐ Y	N	□ NA				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	□N	□NA				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QΥ	ΠN					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	Y	□N	□NA				
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	☐ Y	□N					

### **BEST AVAILABLE COPY**

В.	Has the responsible official of an existing large or new large area source also:		,	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20°F?	□Y □Y	□n □n	□na □na
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	□Y □Y		□na □na
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	`⊠y_	Z	□na
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□NA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ΠN	□NA
PA	ART V: RECORDKEEPING REQUIREMENTS	_		
Ha (cl	as the responsible official: neck appropriate boxes)	_		
1.	Maintained receipts for perc purchased?	<b>Y</b>	$\square_{N}$	
2.	Maintained rolling monthly averages of perc consumption?	Q Ý	ΠN	
3.	Maintained leak detection inspection and repair reports for the following:	<b>—</b> 1		
	a. documentation of leaks repaired w/in 24 hrs? or;	ΘÝ	$\square$ N	□NA
	<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	Ū₹	$\square$ N	□NA
4.	Maintained calibration data? (for direct reading instrument only)	$\square$ Y	$\square$ N	<b>D</b> NA
5.	Maintained exhaust duct monitoring data on perc concentrations?	$\square$ Y	$\square$ N	<b>□</b> MA
_		PY	$\square_{N}$	•
6.	Maintained startup/shutdown/malfunction plan?	X	-11V	
	Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?			□NA
			□N	□na Dina

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  2. Has the facility maintained a leak log?  3. Does the responsible official check the following areas for leaks:  Hose connections, fitting couplings, and valves  Door gaskets and seating  DY N NA Muck cookers  DOOR gaskets and seating  DY N NA Stills  PY N NA  Filter gaskets and seating  PUMPS  NA Diverter valves  NA Diverter valves  Solvent tanks and containers  PY N NA  Water separators  PY N NA  Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.  DY N					
3. Does the responsible official check the following areas for leaks:  Hose connections, fitting couplings, and valves  Door gaskets and seating  Y N NA Muck cookers  Door gaskets and seating  Y N NA Stills  Filter gaskets and seating  Y N NA Exhaust dampers  Pumps  NA Diverter valves  NA Diverter valves  NA Solvent tanks and containers  Y N NA Cartridge Filter housing  Y N NA  Water separators  Wisual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.  D NA  Calibrated against a standard gas prior to and after each use(PID/FID only).					
Hose connections, fitting couplings, and valves  Door gaskets and seating  Ty N NA Stills  Pumps  Pu					
Couplings, and valves  Door gaskets and seating  OY  N  NA  Stills  OY  N  NA  Filter gaskets and seating  OY  N  NA  Exhaust dampers  OY  N  NA  Pumps  Solvent tanks and containers  OY  N  NA  Cartridge Filter housing  OY  N  NA  Water separators  OY  N  NA  Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.  b. Calibrated against a standard gas prior to and after each use(PID/FID only).					
Filter gaskets and seating  Pumps  DY ON ONA  Diverter valves  OY ON ONA  Solvent tanks and containers  OY ON ONA  Cartridge Filter housing  OY ON ONA  Water separators  Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.  b. Calibrated against a standard gas prior to and after each use(PID/FID only).					
Pumps    DY					
Solvent tanks and containers					
Water separators  4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.  DY IN  b. Calibrated against a standard gas prior to and after each use(PID/FID only).					
4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.  b. Calibrated against a standard gas prior to and after each use(PID/FID only).					
Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.  b. Calibrated against a standard gas prior to and after each use(PID/FID only).					
a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.  b. Calibrated against a standard gas prior to and after each use(PID/FID only).					
b. Calibrated against a standard gas prior to and after each use(PID/FID only).					
c. Inspected for leaks and obvious signs of wear on a weekly basis?					
d. Kept in a clean and secure area when not in use.					
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
Margaret V. Henris Inspector's Name (Please Print)  O/15/99  Date of Inspection					
Inspector's Signature  10/99  Approximate Date of Next Inspection					

ADDITIONAL SITE INFORMATION:
057 1132
Howard Wood Lake Cleaner - 8484 Shelden Rd, Tampa 33615 No machines.
No machines.
Moine Cold mist system to dispose of waster- Seperator water. Do borter - all clerking.
Seperator water. No sorter - all alectics.

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# CC pde

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		prome	AIDS IT	#1030374			
		EUSTACE KERRU EUSTACE KERRU 2569 COUNTRYSI	LT JLT	J# 1030374			
		CLEARWATER FI	34621				•
•					)		
		Do	NOT Remove Lal	bel		B	
	I		2		1	5	35.3
Annual Reporting Period:	10	17	19 <u></u> 9\$ 1	ro 10	) /	<u>15 9</u>	_919 <b>98</b>
		•			I		. ,
Based on each term or condition	on of the Title	V general air perm	it, my facility ha	s remained in	compliance	with DEP Ru	le '
62-213.300, Florida Administr	ative Code (F.	A.C.), during the p	eriod covered by	this statemen	t. YES		40
If NO, complete the following:							
#1. Term or condition of the g	eneral nermit t	that has not been i	a continuous con	anliance durin	a the reporti	an period sta	ted above:
"1. Term of condition of the g	cherar permit	mat has not occur	i continuous con	прианее сили	g me reporti	ng period star	.ca a00vc.
					В		
Exact period of non-compliance	e: from			to	urea &	A O	
Action(s) taken to achieve com	pliance:				u of Air Mobile	(D)	
	_						i ø
Method used to demonstrate co	ompliance: _	<del>.</del>			Monitol Squrces	\$ <b>₹</b>	<u> </u>
	•		.•				<b>-4</b> 2
#2. Term or condition of the g	eneral permit t	that has not been in	i continuous con	ipliance during	g the reportar	ig period stat	æd above:
Exact period of non-complianc	e: from _			to	•		
Action(s) taken to achieve com	nliance:						
	-						
Method used to demonstrate co	ompliance:			· · · · · · · · · · · · · · · · · · ·	•		•
As the responsible official, I here	hy certify, hasei	d an information an	d helief formed as	fter reasonable	inquiry that	the statements	s made in this
notification are true, accurate an	d complete. Fu	rther, my annual co	nsumption of per	chloroethylene	solvent, based	l upon purcha	se receipts,
does not exceed 2,100 gallons per	· year for dry-to	dry facilities or 1,8	00 gallons per yea	ir for transfer o	r combinatioi 	ı facilities.	
RESPONSIBLE OFFICIAL:	M	e (Please Print)	Tind			- 11	16 98.
	Nam	e (Please Print)		Signat	ure 🔀		Date
							<u> </u>
*This form is made available to	you as an aid	in order to meet ye	our annual comp	liance certifica	ation require	ments. It is a	nt the

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

AIRS ID#: 1030374

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Arome	Dry Cleaning:	DATE:	12/17/99
FACILITY LOCATION: 2569	Country side Blot.	Blog. Y	
FACILITY NAME:AFOME  FACILITY LOCATION:2569  C/ea	rwater FL 3376/		
Annual Reporting Period: October	19.98 TO	December 1	719_99
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code	le V general air permit, my facility has re (F.A.C.), during the period covered by th	emained in compliance with DI is statement.	EP Rule □NO
If NO, complete the following:			•
#1. Term or condition of the general perm	it that has not been in continuous compli	iance during the reporting perio	od stated above:
Exact period of non-compliance: from		to Bure	
Action(s) taken to achieve compliance:		30, 7	1
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	le Sour	
#2. Term or condition of the general perm	it that has not been in continuous compli	iance during the reporting perio	od stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify nade in this notification are true, accurate upon rolling averages of purchase receipts tear for transfer or combination facilities.	e and complete. Further, my annual con: s, does not exceed 2,100 gallons per year	sumption of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL:	Maung lint  ame (Please Print)	Signature	12 (17)98 Date

This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Page \_\_\_\_\_ of \_\_\_\_\_\_\_.

## TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗹 COMPLAINT/DISCO	OVERY 📮	RE-INSPECTION				
AIRS ID#: $1030374001$ DATE: $12/17/99$ TIME IN: $2:00$ TIME OUT: $2:20$						
FACILITY NAME: Arome Dry Cleaning & Shirt Laundry						
FACILITY LOCATION: 2569 Countryside Blvd, BLDG 4						
Clearwater, FL, 33761		· · · · · · · · · · · · · · · · · · ·				
RESPONSIBLE OFFICIAL: Maung Tint	Phone:	727-797-8075				
Permit No. 1030378-001-AG Exp. Date:						
Based of the results of the compliance requirements ex	valuated during	this inspection, the fa	acility is			

### **Inspection Summary Report Guidance**

compliance <u>discrepancies</u> were noted (only items which are checked ):

found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following

Compliance Requirement/Problem	Follow-up Action Required
Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

Compliance Requirement/Problem	Follow-up Action Required			
Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.			
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions			
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.			
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.			
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.			
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.			
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.			
Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.			
Comments:				
·				
If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.				
Inspection Conducted by: Margaret Henni	is			
Inspector's Signature: Mangaret	- V. Gunis			
Phone Number: 464-4422				

### PERCHLOROETHYLENE DRY-CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	7 7 7	COMPLAI	N1/DISCOVERY		
AIRS ID#: 1030374 001  FACILITY NAME:  FACILITY LOCATION:		y Cleanir yside Blvd	ng & Shirt L	I: <u>A</u> ,a) TIME		
RESPONSIBLE OFFICIA		_		<del></del>	727-797-8075	<del></del>
CONTACT:			ŧ	PHONE:		
PART I: NOTIFICATION						
(Check appropriate box)						
1. Existing facility notified I	DARM <del> By 9/1/96</del> -	<i>,</i> ••				<u> </u>
2. New facility notified DAI	RM 30 days prior to	o startup				
3. Facility failed to notify D	ARM to use genera	al permit	÷			
PART II: CLASSIFICATION	ON	_	·			
Facility indicated on notifica (Check appropriate box)	tion form that it is:		_	cation form re / out of business /	/ petroleum	
A.  1. Existing small area s dry-to-dry only, x<140 transfer only, x<200 g both types, x<140 gal. (Constructed before 1	ource 0 gal/yr ;al/yr /yr 2/9/91)		2. New sma dry-to-dr transfer of both type (Constru	all area source y only, x<140 gal/y only, x<200 gal/yr es, x<140 gal/yr cted on or after 12/	'T '9/91)	
3. Existing large area s dry-to-dry only, 140 < transfer only, 200 < x < both types, 140 < x < 1,5 (Constructed before 1	ource \(\sigma\) x < 2,100 gal/yr 1,800 gal/yr 800 gal/yr 2/9/91)		dry-to-dry-transfer of both type (Constru	ge area source y only, 140 <x<2,10 only, 200<x<1,800; es, 140<x<1,800 ga<br="">cted on or after 12/</x<1,800></x<1,800; </x<2,10 	O gal/yr gal/yr J/yr 9/91)	
This is a correct facility class	sification: 🖳 🖳 Ý		Can not dete	rmine		
If no, please check the a  facility qualified f  facility exceeds at	or a general permit	t as numbe				
B. The total quantity of perofacility was	chloroethylene (per gallons.	c) purchas	ed within the p	preceding 12 month	is by this dry c	leaning

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	₽Y	$\square$ N	□NA		
2. Examining the containers for leakage?	ΘY	ПN	□ NA		
3. Closing and securing machine doors except during loading/unloading?	₽Y	ПΝ			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ŊΥ	ПN	□NA		
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΟY	ΠN	⊠NA		
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt V.				
If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below)					
If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a r must ha	efrigerate we been	ed		
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated con	denser		
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:				
Equipped all machines with the appropriate vent controls?	¥Ý	$\square_N$			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Y	$\square$ N	□ NA		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□ Y	□N	□NA		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΟY	□N			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	☐ Y	□ N ·	□NA		
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	ΟY	□N			

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ДY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20°F?	□Ý □Y		□na □na
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	□y □y		□na □na
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	ΩY	□N	□na
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	$\square_{\mathrm{Y}}$	ΠN	□na
/				
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	ΠN	□NA
	Routed airflow to the carbon adsorber (if used) at all times?  ART V: RECORDKEEPING REQUIREMENTS	ΩY	N	□NA
PA			□N	□NA
PA H:	ART V: RECORDKEEPING REQUIREMENTS	□Y □Y	□N □N	□NA
P/ H: (c)	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)	-	□N	□NA
H: (c) 1. 2.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?	Üly	□N	□NA
H: (c) 1. 2.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	Üly	□n	□na
P.A. (c. 1. 2.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;	ŪY ŪY	□n □n	
P/A (c) 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:			□NA
H: (c) 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?			□na □na
H: (c) 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instrument only)			□na □na □na
H. (c) 1. 2. 3. 4. 5. 6.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instrument only)  Maintained exhaust duct monitoring data on perc concentrations?			□na □na □na
H. (c) 1. 2. 3. 4. 5. 6.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instrument only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?			□NA □NA □NA □NA

PA	RT VI: LEAK DETECTIO	N AND RI	EPAIRS			
1.	Does the responsible official c inspection?	onduct a w	eekly (for si	mall sources bi-weekly) leak		ion and repair □N
2.	Has the facility maintained a le	eak log?			Ūγ	$\square$ N
3.	Does the responsible official c	heck the fo	llowing area	as for leaks:		
	Hose connections, fitting couplings, and valves		n 🗆na	Muck cookers	□Y	□n ⊒nā
	Door gaskets and seating		n 🗆na	Stills	<b>₽</b> y	□n □na
	Filter gaskets and seating		n 🗆na	Exhaust dampers	<b>₽</b> Y	□n □na
	Pumps		n 🗆na	Diverter valves	<b>⊉</b> Y	□n □na
	Solvent tanks and containers		n 🗖na	Cartridge Filter housing	QY	□n □na
	Water separators		n 🗆na			
4.	4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:					
	a Capable of detecting pe	erc vapor co	oncentration	s in a range of 0-500 ppm.		□y □n
	b. Calibrated against a star	ıdard gas pr	ior to and af	ter each use(PID/FID only).		□y □n
	c. Inspected for leaks and	obvious sig	ns of wear or	n a weekly basis?		□y □n
	d. Kept in a clean and sec	ure area wł	nen not in us	se.		$\square_{Y} \cdot \square_{N}$
	e. Verified for accuracy by	use of dup	licate sample	es (calorimetric only)?		□Y □N
	Margaret Hennis Inspector's Name (Please Print)  Date of Inspection  Inspector's Signature  Approximate Date of Next Inspection					

ADDITIONAL SITE INFORM	MATION:				
Hurst	Boiler	Damak	gas free	£ 15 H1	0
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## Hoc

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

·						<del></del>	
FACILITY NAME:A	(OM	e Dry	Clea	ningale	aundry	DATE	6/8/00
FACILITY LOCATION: 25	569	Count	rysid	ic Blud	- Bdg	#4	<u> </u>
			./	3376	21 80		L
			<u> </u>		O) 7		(F)
Annual Reporting Period:	) ece	ember	17,1990	1 TO	Jű	ine so	8, <sup>©</sup> 200€
Based on each term or condition of the 7 62-213.300, Florida Administrative Cod	_	_			<u>-</u>		ЕР Rш¢ □NO
If NO, complete the following:							
#1. Term or condition of the general pe	rmit that I	nas not been i	n continuou	s compliance d	uring the rep	orting peri	od stated above:
Exact period of non-compliance: from				to			
Action(s) taken to achieve compliance:		•		·	· · · · · · · · · · · · · · · · · · ·	<u>.</u> ' .	
Method used to demonstrate compliance	:			·	· · · · · · · · · · · · · · · · · · ·		
#2. Term or condition of the general per	mit that h	nas not been in	n continuou	s compliance d	uring the rep	orting peri	od stated above:
•					······································		
Exact period of non-compliance: from				to			
Action(s) taken to achieve compliance:			•		,	<del></del>	
Method used to demonstrate compliance	, ,		•	. <del>-</del>			<u> </u>
				· · · · · · · · · · · · · · · · · · ·			<u> </u>
As the responsible official, I hereby cert made in this notification are true, accura upon rolling averages of purchase receip year for transfer or combination facilitie	ate and co. ots, does n	mplete. Furth	her, my ann	ual consumption	on of perchlor	roethylene	solvent, based
responsible official:()	Name (Ple	ease Print)	·	S	gnature		6 8 00, Date
	S				_		•••

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

## TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL GOMPLAINT/DISCOVERY RE-INSPECTION
AIRS ID#: 103 0 3 7 4	DATE: 6/8/00 TIME IN: 9:220 ATIME OUT: \$0:470, m
FACILITY NAME:	Arome Dry Cleaning & Shirt Laundry
FACILITY LOCATION:	2569 Countryside Blvd, BLDG 4
	Clearwater, FL, 33761
RESPONSIBLE OFFICIAL	: Maung Tint Phone No.: 797-8075
Permit No.	$\frac{1030374-001-A6}{1030374-001-A6}$ Exp. Date: $\frac{3/20/2002}{1030374-001-A6}$
	alts of the compliance requirements evaluated during this inspection, the facility is found to be in DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
	ults of the compliance requirements evaluated during this inspection, the following compliance ere noted (only items which are checked):

### Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions
	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
	Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
	Comments:	
	If the Inspection Summary Report indicates follow-up as measures to achieve compliance. Pinellas County will properties actions have been taken.	- · · · · ·
٠	Inspection Conducted by:	eff Morris
	Inspector's Signature:	the thomas
	Phone Number: 4644	42/2
	Pa	ge 2 of 2

### PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	VERY 🗖		
AIRS ID#: 1030374	Date:6/8	3/00	TIME IN: 9:220.	TIME OUT:	10:17 a.m.	
FACILITY NAME:	Arome Dry	Cleaning &	Shirt Laundry	· · · · · · · · · · · · · · · · · · ·		
FACILITY LOCATION:	2569 Countrys	side Blvd, Bl	LDG 4			
	Clearwater, FI	L, 33761		· · · · · · · · · · · · · · · · · · ·	<del></del>	
RESPONSIBLE OFFICIA	L: Maung Tint		PH	ONE: 797-5	307 <u>.5</u>	
CONTACT:	Eustace Kerru	ılt	PH	ONE: <u>797-</u>	807 <u>5</u>	
PART I: NOTIFICATION				<u>-</u>		
(Check appropriate box)						
1. Existing facility notified l	DARM By 9/1/96				Image: Control of the	
2. New facility notified DAI	RM 30 days prior to	startup				
3. Facility failed to notify D	ARM to use general	permit				
PART II: CLASSIFICATI	ON				· · · · · · · · · · · · · · · · · · ·	
Facility indicated on notifica (Check appropriate box)	tion form that it is:		No notification form Drop store / out of b		. ——	
A.  1. Existing small area so dry-to-dry only, x<14 transfer only, x<200 so both types, x<140 gal (Constructed before 1)	source 0 gal/yr gal/yr /yr 2/9/91)	2.	New small area sou dry-to-dry only, x<1 transfer only, x<200 both types, x<140 ga (Constructed on or o	rce 40 gal/yr gal/yr al/yr fifter 12/9/91)		
3. Existing large area s dry-to-dry only, 140 < transfer only, 200 < x < both types, 140 < x < 1, (Constructed before 1	ource x<2,100 gal/yr 1,800 gal/yr 800 gal/yr 2/9/91)	4.	New large area sou dry-to-dry only, 140 transfer only, 200 x both types, 140 x x 1 (Constructed on or of	rce <x<2,100 gal="" yr<br="">&lt;1,800 gal/yr ,800 gal/yr ,800 gal/yr</x<2,100>		
This is a correct facility classification:  If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit						
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.						

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)		·	
1. Storing perchloroethylene in tightly sealed and impervious containers?	<b>T</b> Y	ΠN	□ NA
2. Examining the containers for leakage?	☑ Y	ПN	□ NA
3. Closing and securing machine doors except during loading/unloading?	₫ Y	ΠN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	<b>Y</b>	□N	□na
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	QΥ	ПN	□NA
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt V.		
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated con	denser
If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a must ha	efrigerat ive been	ed
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated con	denser
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:		
1. Equipped all machines with the appropriate vent controls?	☐ Y	ΠN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	$\Box$ Y	$\square$ N	☐ NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	□ N	□NA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	ΠN	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□ Y	ΠN	□NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	Y	ΠN	

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y	□n	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20°F?	ŬY □Y		□NA □NA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	□Y □Y		□na □na
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	ПY	ПN	□na
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	□N	□NA
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y	ΠN	□NA
PA	ART V: RECORDKEEPING REQUIREMENTS			
<b>H</b> (c)	as the responsible official: heck appropriate boxes)	•		
1.	Maintained receipts for perc purchased?	√Y	$\square_{N}$	
2.	Maintained rolling monthly averages of perc consumption?	Пv	□N	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	$\Box_{\mathbf{Y}}$	$\square$ N	⊠NA
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	$\square_{Y}$	$\square$ N	☑ŃA
4.	Maintained calibration data? (for direct reading instrument only)	$\square_{Y}$	$\square$ N	□NA.
5.	Maintained exhaust duct monitoring data on perc concentrations?	$\Box$ Y	$\square_N$	<b>⊴</b> NA
6.	Maintained startup/shutdown/malfunction plan?	<b>⊈</b> Y	$\square_N$	
7.	Maintained deviation reports?	$\square_{Y}$	$\square_N$	ĭ€NA
	Problem corrected?	$\square_{Y}$	$\square_{N}$	ĭna
0	Maintained compliance plan, if applicable?			_/

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	<ol> <li>Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?</li> </ol>						
2.	2. Has the facility maintained a leak log?						$\square_{N}$
3.	3. Does the responsible official check the following areas for leaks:						
	Hose connections, fitting couplings, and valves	<b>1</b> Y	□N	□NA	Muck cookers	□Υ	ON ONA
	Door gaskets and seating	☑Y	ΠN	□NA	Stills	₫Y	□n □na
	Filter gaskets and seating	☑Y	$\square_{N}$	□NA	Exhaust dampers	<b>□</b> Y	□n □na
	Pumps	YE	ΠN	□NA	Diverter valves	IJY	□n □na
	Solvent tanks and containers	Y	$\square_{N}$	$\square$ NA	Cartridge Filter housing	<b>Y</b>	□n □na
	Water separators	QY	ΠN	□NA	•		
4.	4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:						(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
	a Capable of detecting pe	rc vap	or con	centratio	ns in a range of 0-500 ppm.		□y □N
	b. Calibrated against a stan	dard g	as prio	r to and a	her each use(PID/FID only).		$\square_{Y}$ $\square_{N}$
	c. Inspected for leaks and o	bvious	ssigns	of wear	on a weekly basis?		□Y □N
	d. Kept in a clean and second	ire are	a when	n not in t	ise.		$\square_{Y} \square_{N}$
	e. Verified for accuracy by	use of	duplic	cate samp	les (calorimetric only)?		□y □N
	Inspector's Name (Please Print)  Date of Inspection  12/8/00  Inspector's Signature  Approximate Date of Next Inspection						



### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Arome Dry Cleaning &	Shirt Laundry	Date:	11/20/00
-			Pate	11/30/30
FACILITY LOCATION:	2569 Countryside Blvd, BI	LDG 4	<u> </u>	
	Clearwater, FL, 33761	Q.	0	
		¢ to	6	1
Annual Reporting Period:	June 8, 2	0 <u>06</u> To No	Wember !	3,00° 2000
	of the Title V general air permit, a Code (F.A.C.), during the period			
IF NO, complete the following	g:			
#1. Term or condition of the gen	neral permit that has not been in co	ontinuous compliance du	ring the reporti	ng period stated above:
Exact period of non-compliance	from	to		
Action(s) taken to achieve comp	liance:		· 	
Method used to demonstrate con	npliance:			
#2. Term or condition of the ge	neral permit that has not been in c	ontinuous compliance du	iring the report	ing period stated above:
Exact period of non-compliance	from	to		
Action(s) taken to achieve comp	liance:			·
Method used to demonstrate con	npliance:			·
that the statements made in	I hereby certify, based on in this notification are true, ac nt, based upon rolling averag lities or 1,800 gallons per year	curate and complete	Further m	v annual concumption
RESPONSIBLE OFFICIA	L: Maung Tint (Name, Please Print)	Signatur		11 30 00 Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

## TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF IN	SPECTION:	ANNUAL Z COMPLAIN	T/DISCOVERY 📮	RE-INSPECTION	
AIRS ID#:	1030374	DATE: 11/30/00			:15p.m
FACILITY	NAME:	Arome Dry Cleanin	ıg & Shirt Laur	ndry	
FACILITY	LOCATION:	2569 Countryside Blvd, BLDG 4		•	
		Clearwater, FL, 33761			
RESPONSI	BLE OFFICIAL:	Maung Tint	Phone	No.: <u>(727) 797-807</u>	5
	Permit No.	1030374-001-AG	Exp. Date:3/20	0/2002	
<u> </u>		ults of the compliance requirements e DEP Rule 62-213.300, Florida Adm		•	to be in
		ults of the compliance requirements of		ection, the following comp	liance

### **Inspection Summary Report Guidance**

Compliance Requirement/Problem	Follow-up Action Required
Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required		
	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 2 hours of detection, unless repair equipment must be ordered.		
	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions		
	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.		
	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.		
	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.		
	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading a unloading.		
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.  Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.				
	Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.		
	,			
	Comments:			
	· · · · · · · · · · · · · · · · · · ·	ctions are required, you must take immediate corrective perform a follow-up inspection to determine that proper		
	Inspection Conducted by:	f Morris		
	Inspector's Signature:	frey Krouis		
	Phone Number: 464	42/2		
	Pa	ge <sup>1</sup> /2 of 2		

#### PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Z COMPL	AINT/DISCOVERY 📮	· 
AIRS ID#: 1030374  FACILITY NAME: FACILITY LOCATION:	Date: 11/30 Arome Dry 2569 Countryside	Cleaning &	IN: <u>117.55</u> TIME OUT: Shirt Laundry	12:15 p.m
	Clearwater, FL,		·	
RESPONSIBLE OFFICIA	L: Maung Tint		PHONE: <u>(727)</u>	797-8075
CONTACT:	Eustace Kerrult		PHONE: <u>(127)</u>	747 -8075
PART I: NOTIFICATION	Į	· · · · · · · · · · · · · · · · · · ·		
(Check appropriate box)  1. Existing facility notified	DARM By 9/1/96			<u> </u>
2. New facility notified DA	-	tup		
3. Facility failed to notify D	ARM to use general per	mit		
PART II: CLASSIFICATI	ION			
Facility indicated on notifica (Check appropriate box)  A.	ation form that it is:	🗖 Drop s	tification form tore / out of business / petrole	um _
1. Existing small area of dry-to-dry only, x < 14 transfer only, x < 200 to both types, x < 140 gal (Constructed before	0 gal/yr gal/yr l/yr (/yr (2/9/91)		mall area source -dry only, x < 140 gal/yr -tr only, x < 200 gal/yr -dryes, x < 140 gal/yr -dructed on or after 12/9/91)	
3. Existing large area so dry-to-dry only, 140 transfer only, 200 < x both types, 140 < x < 1, (Constructed before 1)	ource x<2,100 gal/yr 1,800 gal/yr 800 gal/yr (2/9/91)	4. New land dry-to-transfer both ty (Consi	arge area source -dry only, 140 <x<2,100 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" er="" gal="" on="" only,="" or="" th="" tructed="" ypes,="" yr=""><th>J</th></x<2,100>	J
facility qualified	sification: Y Q appropriate classification for a general permit as n bove limits and is not eli	umber	_ above	
B. The total quantity of per facility was		ırchased within th	ne preceding 12 months by this	dry cleaning

_				
PAI	RT III: GENERAL CONTROL REQUIREMENTS			
	e responsible official of the dry cleaning facility: ck appropriate boxes)	, .		· · · · · · · · · · · · · · · · · · ·
1. S	toring perchloroethylene in tightly sealed and impervious containers?	$\mathbf{Z}_{\mathbf{Y}}$	□N	☐ NA
2. E	Examining the containers for leakage?	⊈ Y	ΠN	📮 NA
3. 0	Closing and securing machine doors except during loading/unloading?	Υ	□N	
1	Oraining cartridge filters in their housing or in sealed containers for at east 24 hours prior to disposal?	<b>⊴</b> Y	ΠN	□NA
1	Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	П Y	□N	NA
DAT	RT IV: PROCESS VENT CONTROLS			
	Part II-A:			
	If classification (1) has been checked, no controls are required. Proceed to Pa	rt V		
, J	If classification (2) has been checked, the machine should be equipped with a (complete A below)		rated cor	ndenser
	If classification (3) has been checked, the machine should be equipped with econdenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a i	refrigerat ave been	ed
	f classification (4) has been checked, the machine should be equipped with a complete A and B below.)	refrige	rated cor	ndenser
A. I	Has the responsible official of all new sources and existing large area sou check appropriate boxes)	rces:		
1. I	Equipped all machines with the appropriate vent controls?	☐ Y	ŪΝ	
2. I	Equipped dry-to-dry machines with a closed-pop vapor venting system?	☐ Y	□N	☐ NA
	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	ΠN	□ NA
	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩÝ	ΠN	
	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΩY	ΠN	□NA
1	Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	Y	ΠN	
	•			

B. Has the responsible official of an existing large or new large area source also:						
Measured and recorded the exhaust temperature on the outlet side of the cond located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	enser					
2. Measured and recorded the washer exhaust temperature at the condenser inlet outlet weekly?  Is the temperature differential equal to or greater than 20° F?	and OY ON ONA					
3. Measured and recorded the perc concentration in the exhaust stream weekly a end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	□y □n □na □y □n □na					
4. Assured that the sampling port on the carbon adsorber exhaust for measuring concentrations is at least 8 duct diameters downstream of any bend, contraction expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	on, or					
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□y □n □na					
6. Routed airflow to the carbon adsorber (if used) at all times?	□y □n □na					
PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	<b>⊡</b> Y □N					
2. Maintained rolling monthly averages of perc consumption?	ĽY □n					
3. Maintained leak detection inspection and repair reports for the following:	<b>3</b> 1 <b>3</b> 14					
a. documentation of leaks repaired w/in 24 hrs? or;	□y □n Øna					
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON ONA					
4. Maintained calibration data? (for direct reading instrument only)	DY DN MNA					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DNA					
6. Maintained startup/shutdown/malfunction plan?	☑Y □N					
7. Maintained deviation reports?	DY DN DNA					
1						
Problem corrected?	DY ON MA					

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official c inspection?	onduct	t a wee	ekly (for	small sources, oi-weekly) lea	k detection and repair
2.	Has the facility maintained a le	ak log	g?			☐Y □N
3.	Does the responsible official c	heck tl	he follo	owing ar	eas for leaks:	
	Hose connections, fitting couplings, and valves	₫Y	ŪΝ	□NA	Muck cookers	□y □n ⊡⁄na
	Door gaskets and seating	Y	ΠN	□NA	Stills	⊠y □n □na
	Filter gaskets and seating	ďΥ	ΠN	□NA	Exhaust dampers	MY ON ONA
	Pumps	$\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{$	□N	□NA	Diverter valves	⊠y □n □na
	Solvent tanks and containers	$\mathbf{Z}_{\mathbf{Y}}$	ΠN	□NA	Cartridge Filter housing	Y ON ONA
	Water separators	$\mathbf{T}_{\mathbf{Y}}$	□N	□NA		·
4.	4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:					
	a Capable of detecting pe	rc vap	or con	centratio	ns in a range of 0-500 ppm.	QY QN
	b. Calibrated against a stan	dard ga	as prio	r to and a	ofter each use (PID/FID only).	□Y □N
,	c. Inspected for leaks and c	bvious	s signs-	of wear	on a weekly basis?	$\square_{\mathbf{Y}} \square_{\mathbf{N}}$
	d. Kept in a clean and secu	ire are	a wher	n not in u	ise.	$\square_{\mathrm{Y}} \square_{\mathrm{N}}$
	e. Verified for accuracy by	use of	duplic	ate samp	les (calorimetric only)?	□y □n
Inspector's Name (Please Print)  Dayle of Inspection  Inspector's Signature  Approximate Date of Next Inspection						

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Pund: 20-2-035 Obj.: 002273

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ОЫ.: 002273

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
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2870	Sent To EUSTACE KERRULT										
7000	City, State						3462				
	PS Form	3800	May 2	000				See Re	verse for	Instru	ctions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>AIRS ID # 1030374001AG</li> <li>USTACE KERRULT</li> <li>ROME CLEANER</li> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature  X
669 COUNTRYSIDE BLVD #4 LEARWATER FL 34621	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-00-M-0952



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EUSTACE KERRULT
2569 COUNTRYSIDE BLVD #4
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